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APPLICANTS Gholam Peyman, New Orleans, LA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/27/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY LA	SHEETS DRAWING 0	TOTAL CLAIMS 40
INDEPENDENT CLAIMS 10				
ADDRESS 20999				
TITLE TREATMENT OF OCULAR DISEASE				
FILING FEE RECEIVED 1149	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	